

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1								
2		1							
3	2								
4	1								
5	0								
6	1								
7	0								
8	0								
9	1								
10	0								
11	0								
12	0								
13	0								
14	0								
15	0								
16	0								
17	1								
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TOTAL IND.	3								
TOTAL DEP.	16	→	→	→					
TOTAL CLAIMS	19	██████████	██████████	██████████	██████████	██████████	██████████	██████████	
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									